The Department is issuing this revised program instruction (PI) to update the service definition for evidence-based disease prevention (EBDP) programs to be provided with Title III funds, as required in Section 306(a)(7)(C) of the Older Americans Act (OAA), as amended.

Background

Section 306(a)(7)(C) of the OAA requires area agencies on aging (AAA) to:

“facilitate the area-wide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older persons and their family caregivers by implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals.”

Federal Criteria for Evidence-Based Disease Prevention Programs

The Administration on Aging (AoA) requires EBDP programs to meet all of the following criteria:

1. The intervention has been tested through randomized controlled trials and has been shown to be:
   
   A. effective at improving and/or maintaining the health status of older people; and
   B. suitable for deployment through community-based human services organizations and involve non-clinical workers and/or volunteers in the delivery of the intervention.

2. The research results have been published in a peer-reviewed scientific journal.

3. The intervention has been translated into practice and is ready for broad national distribution through community-based human services organizations.
Below is a list of AoA pre-approved EBDP programs that meet these criteria:

- Stanford University Chronic Disease Self-Management Program
- Active Start/Active Living Everyday
- Enhance Fitness
- Enhance Wellness
- Active Choices
- Healthy Eating
- Healthy Moves
- Medication Management
- Stepping on
- Tai Chi: Moving for Better Balance
- Matter of Balance
- Strong for Life
- Healthy IDEAS
- PEARLS
- Prevention & Management of Alcohol Problems in Older Adults: A Brief Intervention
- Fit and Strong

This list is current as of fiscal year 2011. As AoA updates this list, this PI will be updated to reflect additional EBDP programs.

Additional interventions for Alzheimer’s Disease patients and their caregivers can be found on the AoA webpage for Alzheimer’s Disease Supportive Services Resource Compendium at the following web address: http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Alz_Grants/compendium.aspx.

**Implementing Evidence-Based Disease Prevention Programs**

To implement this requirement for EBDP programs, AAAs may use:

- Title III funds;
- funding from other community resources;
- grants from other federal, state, or community organizations/foundations; and/or
- any combination of Title III funds, grants or other community resources.

AAAs are encouraged to collaborate with community agencies and organizations to provide these services. This can include providing financial resources, technical assistance, participant referrals, and training to staff and partners; locating facilities; organizing schedules for the classes/events; and conducting classes/events.

If a AAA wants to provide an EBDP program that is not listed on AoA’s “pre-approved” list (above), the selected EBDP program must meet the criteria listed in *Federal Criteria for Evidence-Based Disease Prevention Programs* (above). To qualify for approval, a AAA must provide written documentation that demonstrates compliance with each of these criteria. This may include:

- certification from the vendor or authorized representative of the program;
- literature promoting the program that indicates compliance with the criteria;
- published documentation in a peer-reviewed scientific journal; and/or
• other appropriate documentation that demonstrates compliance with the criteria.

Sources of evidence-based programs may include:

• U. S. Department of Health and Human Services sponsored research funded by the National Institutes of Health -- including National Institute on Aging
• Centers for Disease Control and Prevention (CDC) -- including work in the Prevention Research Centers’ Healthy Aging Research Network
• Agency for Health Care Research and Quality (AHRQ)
• Centers for Medicare and Medicaid Services (CMS)
• Substance Abuse Mental Health Services Administration (SAMHSA)
• Administration on Aging - Alzheimer’s Disease Supportive Services Programs (ADSSP)
• Rosalynn Carter Institute for Caregiving

Budgeting, Providing, and Reporting Evidence Based Disease Prevention Programs

For budgeting and reporting purposes, use the following service description and budgeting information.

Evidence Based Intervention Services -- providing an intervention to an older individual based upon the principles of Evidence-Based Disease Prevention programming. Activities and expenditures directly related to an evidence-based intervention include:
• Procurement of training services or materials;
• Training of AAA staff or volunteers to effectively conduct programs/interventions for evidence-based disease prevention;
• Publicity related to specific evidence-based intervention events;
• AAA staff time, travel and materials related to conducting evidence-based intervention events to older individuals;
• Procurement or printing/copying disease-specific preventive and educational materials for distribution to older individuals participating in events; and
• Other specific expenses which are required to ensure program fidelity.

Unit of Service: One Contact. Record one contact each time an older individual participates in an activity that is a component of an Evidence-Based Disease Program.

Direct Service Waiver Required: No.
Method of Service Provision: This service may be provided directly, subcontracted, or authorized by a care coordinator on behalf of an eligible individual for purchase through an enrolled vendor. The AAA must submit a narrative supporting the provision of Evidence Based Intervention when the service is budgeted by the AAA.

Reimbursement Methodology: Fixed Unit rate per Contact or Cost Reimbursement

Quarterly Performance Report: Units
Unduplicated Persons Count – Client Intake Required

Allowable Funds: Title III-B
Title III-D
Title III-D Medication Management
Title III-E
Area Plan and Area Plan Amendment Submission

AAAs are required to include strategies for implementation of an EBDP program, including resources to be used to implement the program, in the Area Plan. If Title III funds are used, the Area Plan submission must include the funding in the planning budget and the required budget narrative justification. Other leveraged funding would be described in the strategies but not included in the budget. The selected EBDP program/s must be included on the AoA list of pre-approved programs (above) or demonstrate compliance with the AoA criteria listed in Federal Criteria for Evidence-Based Disease Prevention Programs in this PI.

Area Plan amendments will also require EBDP programs from AoA’s list of pre-approved programs (listed in this PI) or demonstrate compliance with the AoA criteria listed in Federal Criteria for Evidence-Based Disease Prevention Programs, as contained in this PI. Area Plan amendments will be submitted using the Area Plan format in InfoPath.

Resources

A summary review of the principles of evidence-based programs and the theoretical structure can be found at: “Evidence-Based Issue Brief - No. 1, Revised Spring, 2006, Using the Evidence Base to Promote Healthy Aging” at http://www.healthyagingprograms.org.

The Community Innovations for Aging in Place Technical Resource Center has published its “Evidence-Based Toolkit: Program Summaries and Implementation Guide.” The Toolkit is a compendium of programs addressing the seven leading preventable chronic conditions among older adults according to the Centers for Disease Control and Prevention (CDC). Those conditions are: arthritis, cancer, depression, diabetes, falls, heart disease, and obesity. The Toolkit covers 35 evidence-based programs whose effectiveness in producing health outcomes has been rigorously studied and documented in peer-reviewed scholarly literature. Many of the programs on the AoA-approved list of evidence-based programs are included. The programs can feasibly be implemented in community settings. The Toolkit provides an overview of each program including program description, study methods, instruments, outcomes, and contact information for program staff. http://www.ciaip.org/index.php?id=resource19.

The Aging Texas Well (ATW) Clearinghouse for evidence-based practices is a public resource database of national and state level evidence-based information and research. The ATW Clearinghouse offers researchers, practitioners, and individuals an opportunity to work collaboratively to identify, develop, and promote the adoption of evidence-based practices. The information contained in the ATW Clearinghouse is used to support evidence-based practices as well as emerging practices. Emerging practices are those which are currently being evaluated for evidence of effectiveness. Topics are organized around the 16 ATW life areas. The interventions and programs adopted and promoted by the National Council on Aging (NCOA) are included in the ATW Clearinghouse. http://www.dads.state.tx.us/services/agingtexaswell/ebased/index.cfm.

The Rosalynn Carter Institute for Caregiving has developed a caregiver intervention database that contains a list of interventions that may meet the AoA criteria. According to the RCI, “this database
provides information on interventions that have been tested in a randomized control trial and have been found to positively impact caregiver outcomes.” [http://www.rosalynncarter.org/caregiver_resources/](http://www.rosalynncarter.org/caregiver_resources/).